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Website: www.nursingboard.state.mn.us

REQUIREMENTS FOR LICENSURE BY EXAMINATION

GENERAL INFORMATION

- ☐ **Submit an application for licensure by examination and fee** (cashier's check or money order.) The fee is non-refundable. The application packet may be downloaded from the Minnesota Board of Nursing website.
- ☐ **Provide evidence you have not engaged in conduct warranting disciplinary action;** if you answer yes to any questions in the Grounds for Denial section of the application, the Board will investigate prior to licensure.
- ☐ **Submit a completed Confirmation of Program Completion from your nursing program.** If you have completed a Minnesota nursing program, a school official can confirm completion on-line. Non-U.S. educated applicants – see additional requirements.
- ☐ **Register with Pearson Vue to take the NCLEX®** (National Council Licensure Examination) and pay the required fee.
 - Register on the web at www.pearsonvue.com/nclex
 - Register by phone by calling NCLEX® Candidate Services at 1.866.496.2539
- ☐ **Send notification to the Board office as soon as possible if any change occurs in your name, address, or other application information after you submit the application.** Submit legal proof of change in name, such as a copy of a marriage certificate or court order.
- ☐ **Watch for the test service to send your authorization to test (ATT)** by e-mail. To gain access to the NCLEX, you will be required to present one form of acceptable identification. The first and last name on your identification must match exactly the name you provided when registering.
- ☐ **Schedule the examination** at one of the testing centers **after** you receive an authorization to test (ATT) from the test service. The ATT is valid for 90 days. If you do not take the examination within one year of receipt of your application, your application with the Board, will be nullified. If you do not take the examination within 90 days of receipt of your ATT, your registration with Pearson Vue will no longer be valid.
- ☐ **Watch for your license. The Board will mail your license approximately 10 business days after you take the examination.** If you do not pass the examination, you will receive an EXAMINATION RETAKE REQUEST packet and a diagnostic profile to help you understand your performance on the NCLEX® examination.

REQUEST FOR SPECIAL TESTING ACCOMMODATIONS

- ☐ **Indicate your request for special testing accommodations for the NCLEX®** by completing the Request for Special Accommodations section on the LICENSURE BY EXAMINATION APPLICATION.
- ☐ **Submit supporting documentation regarding your request for testing accommodations** due to a disability. At a minimum the documentation must include:
 - a letter from an appropriate professional confirming the disability and providing information as to what accommodations are appropriate; **and**
 - a letter from the Disability Services department of your school indicating what modifications, if any, were granted by the program.

- ☐ **List the specific accommodations you are requesting.** Examples of modifications include:
- separate room
 - reader
 - extra time (state **specific** amount of extra time you are requesting.)
 - recorder
 - signer
- ☐ **Call NCLEX® Candidate Services** at the telephone number listed in the ATT letter when you are approved for testing with special accommodations and have received your ATT.

ADDITIONAL REQUIREMENTS FOR APPLICANTS EDUCATED IN CANADA

- ☐ **Submit verification of licensure** from the original Canadian province in which you were first licensed and the U.S. jurisdiction in which you were most recently licensed as an RN.
- ☐ **Submit an official transcript** if you are not or have never been licensed in Canada, from your Canadian nursing education program or a confirmation of program completion.

ADDITIONAL REQUIREMENTS FOR APPLICANTS EDUCATED IN A FOREIGN COUNTRY OTHER THAN CANADA

- ☐ **Submit a Credentials Evaluation Report.** A nursing education program determined to be equivalent to the education required in the same type of nursing education programs in the United States as evaluated by a credentials evaluation service.
- **Commission on Graduates of Foreign Nursing Schools (CGFNS) - Credentials Evaluation Service (CES) Professional Report.** Request CGFNS send the credentials report to the Board. Forms are available on the CGFNS website.
 Commission of Graduates of Foreign Nursing Schools
 3600 Market Street, Suite 400
 Philadelphia, PA 19104-2651 USA
 1.215.222.8454
 info@cgfns.org (email)
 www.cgfns.org (website)
 - **International Education Research Foundation (IERF) – Nursing Licensure Evaluation.** Request IERF send the Nursing Licensure Evaluation Report to the Board. Forms are available on the IERF website.
 International Education Research Foundation
 PO Box 3665
 Culver City, CA 90230
 www.ierf.org
 email: info@ierf.org
 1.310.258.9451 ext. 211
- ☐ **Pass an approved English proficiency test.** Unless you graduated from a nursing education program conducted in English and located in an English-speaking country.
- **Test of English as a Foreign Language** (score of 84 with a minimum speaking score of 26 on the TOEFL iBT, or 560 on the written TOEFL or score of 220 on the computerized TOEFL). Request the Education Testing Service to send the TOEFL report to the Board using the Minnesota TOEFL code of 9416.
 TOEFL Services
 P.O. Box 6151
 Princeton, NJ 08541 USA
 1.877.863.3546 (inside the United States, US territories and Canada)
 1.609.771.7100 (outside the United States, US territories and Canada)
 toefl@ets.org (email)
 www.ets.org (website)

- **International English Language Testing System** (IELTS overall score of 6.5 with a minimum of 6.0 all modules). Request the International English Language Testing System send the Test Report Form to the Board.
IELTS
www.ielts.org
Test Centres and Examiners
Select Country
Select City – Search
Click on More Information (this will provide the contact information)
- **Michigan English Language Assessment Battery** (MELAB total passing score of 81 and a speaking section score of 3). Request Cambridge Michigan Language Assessments (CaMLA) send the official MELAB score report to the Board by listing the Minnesota Board of Nursing at the bottom of the MELAB Official Identification Form before taking the test.
CaMLA
Argus 1 Building
535 West William St., Suite 310
Ann Arbor, Michigan 48103-4978 USA
1.866.696.3522 or 1.734.615.9629
info@cambridgemichigan.org (email)
www.cambridgemichigan.org (website)

The Minnesota Board of Nursing application fee is non-refundable. You may want to complete the Credentials Evaluation Service with the Commission on Graduates of Foreign Nursing Schools before applying for licensure with the Board of Nursing. If the Board has not received the Credentials Evaluation Services Report from CGFNS and a report of a passing score on the TOEFL from ETS within one year of your application, the application will be nullified, and you must apply for licensure and submit a new fee.

USE THE WEB TO CHECK YOUR APPLICATION'S PROGRESS

- ☐ **Access the Board of Nursing website** at www.nursingboard.state.mn.us
 - Click on “Online Services”
 - Click on “My Services”
 - Establish a user profile by clicking on the new user link.
 - Select “Applicant” as your user type
 - Click “Next” and follow the directions to create a password.
 - Next, log in using your name and password.
 - A screen will appear that lists your personal information with a box indicating your application status as “open licensure by exam.”
 - Click on “open licensure by exam.” Another screen will appear. As you complete each step of the process, the date for each of the following will display:
Application received
Registered with test service
Confirmation of program completion
Authorization to test issued
Date scheduled to take exam
Permit issued
Examination results
License issued
- ☐ **Watch for the test service to send your authorization to test (ATT)** by e-mail. To gain access to the NCLEX, you will be required to present one form of acceptable identification. The first and last name on your identification must match exactly the name you provided when registering. The ATT is valid for 90 days.

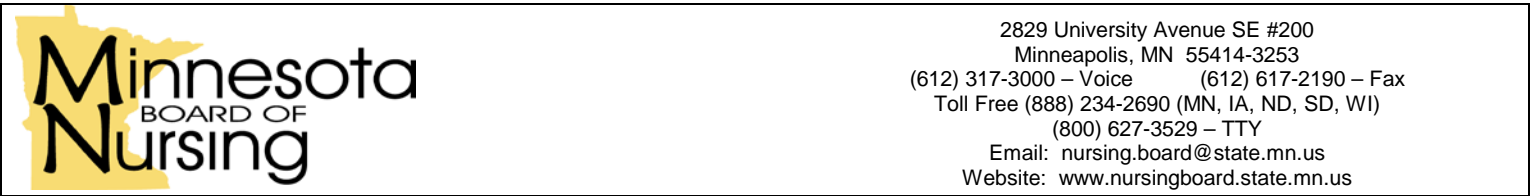
EXAMINATION RESULTS


- ☐ **Check your examination results:**
 - On the Board of Nursing website. There is no fee for viewing the results on the web. The Board does not provide results over the phone.
 - On the Pearson Vue website at www.pearsonvue.com/nclex. There is a fee for the results on line service.
 - By phone. Pearson Vue provides the phone number with your authorization to test (ATT). There is a fee for the results by phone service.

EXAMINATION RETAKE REQUEST APPLICATION

- ☐ **Submit the EXAMINATION RETAKE REQUEST** within eight months of the last failed examination. You must retake the examination within one year of the last failed examination or your application will be nullified and you will need to reapply.
- ☐ **Access the Board of Nursing website to apply to retake the NCLEX®.**
 - Click on "Online Services"
 - Click on "My Services"
 - Establish a user profile by clicking on the new user link and follow the directions. This is not necessary if you already established a user profile.
 - Next, log in using your name and password.
- ☐ **Watch for the test service to send your authorization to test (ATT)** by e-mail. To gain access to the NCLEX, you will be required to present one form of acceptable identification. The first and last name on your identification must match exactly the name you provided when registering. The ATT is valid for 90 days.

Revised: 3/1/2016



 Minnesota
BOARD OF
Nursing

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REGISTERED NURSE LICENSURE BY EXAMINATION APPLICATION

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine your eligibility and/or qualifications for the license for which you are applying; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements. Minnesota Statute Sec. 270C.72 requires applicants to provide their Social Security number and Minnesota business identification number on all license applications.

Until you are issued a license, all data submitted on the application, except your name and address, are considered private data and will not be released to anyone other than Board of Nursing staff and its agents. When you become licensed, all data submitted on the application, except social security number, requests for special accommodations, and responses to grounds for denial questions, becomes public record. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

• Type or print clearly • Use black ink • Provide all information • Incomplete forms will be returned • Do not use initials or abbreviations

APPLICANT INFORMATION																			
LAST NAME						FIRST NAME						MIDDLE NAME							
												<input type="checkbox"/> No middle name							
MAIDEN NAME						OTHER LAST NAME(S)						PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Business ()							
STREET ADDRESS																			
CITY						STATE/PROVINCE				ZIP/POSTAL CODE				COUNTRY					
E-MAIL ADDRESS										BIRTH DATE (mm/dd/yyyy)				GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female					
UNITED STATES SOCIAL SECURITY NUMBER Required by Minn. Stat. Sec. 270C.72								<input type="checkbox"/> I do not have a US Social Security number at this time but will notify the Board if/when I obtain a US Social Security number						MINNESOTA BUSINESS IDENTIFICATION NUMBER Required by Minn. Stat. Sec. 270C.72					
			-			-													
BUSINESS ADDRESS: Minn. Stat. Sec. 214.073 requires licensees to provide their primary business address (if employed as a nurse) at the time of initial application and all renewals. Your license will not be issued unless you provide it or check the box below certifying that you are not currently in the workforce related to your practice.																			
BUSINESS NAME (if employed as a nurse)																			
STREET ADDRESS																			
CITY										STATE/PROVINCE				ZIP/POSTAL CODE					
<input type="checkbox"/> I certify that I am not currently in the workforce related to my practice and I don't have a business address related to my practice.																			
COMPLETION OF EDUCATION INFORMATION																			
NAME OF SCHOOL OF NURSING												PROGRAM CODE							
CITY AND STATE OF SCHOOL OF NURSING												DEGREE TYPE <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate				<input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the release of my exam results to my school of nursing.																			
Have you graduated from an RN preparing program?																			
<input type="checkbox"/> Yes Graduation Date (mm/dd/yyyy): ____/____/____																			
<input type="checkbox"/> No When do you expect to complete all requirements for graduation (mm/dd/yyyy): ____/____/____																			

PREVIOUS EXAMINATION OR LICENSURE

<input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed the credentials evaluation with the Commission on Graduates of Foreign Nursing Schools (CGFNS) and requested CGFNS send the CES Professional report to the Minnesota Board of Nursing.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed the English proficiency exam and requested TOEFL or IELTS to send the results to the Minnesota Board of Nursing.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have submitted my examination form and fee to the NCLEX® test service.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have taken the NCLEX®-RN or other nurse licensure examination. Indicate state and provide an explanation:
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have held an LPN/LVN license. State: _____ License Number: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have held an RN license in another state. State: _____ License Number: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have held an RN license in a Canadian province. Province: _____ License Number: _____

REQUEST FOR SPECIAL ACCOMMODATIONS

I request special testing accommodations _____ (Legal Signature)

Refer to the section entitled *REQUEST FOR SPECIAL TESTING ACCOMMODATIONS* in the *REQUIREMENTS FOR LICENSURE BY EXAMINATION*. List the **specific** accommodations you are requesting:

GROUNDS FOR DENIAL


Provide a written explanation for every YES response.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever violated a state or federal law or rule relating to the practice of nursing in any state, territory or county?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever violated a state or federal rule relating to narcotics or controlled substances or other similar regulations?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted, entered a plea of guilty, nolo contendere, or no contest, for any felony, gross misdemeanor or misdemeanor offense? NOTE: The fact that a conviction has been pardoned, expunged, dismissed, stayed, or deferred, or that your civil rights have been restored, does not mean that you answer "NO"; you should answer "YES."
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last five years, have you ever misused or abused alcohol, other drugs or chemicals or been considered chemically dependent?
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been fired from a nursing-related job in the last five years due to conduct that may be grounds for disciplinary action under the Nurse Practice Act?
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under investigation or are you the subject of any pending or past disciplinary action or have you ever been refused a nursing license or any other occupational license in any state, territory or country?
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any physical or mental disability or illness that may impair your ability to practice nursing with reasonable skill and safety? Provide a statement explaining management and treatment. NOTE: If you are currently participating in the Health Professionals Services Program (HPSP) for this illness, you may answer "NO" to this question
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever received notification from the Minnesota Department of Human Services or the United States Department of Health and Human Services, Office of the Inspector General that you have been disqualified from providing direct care or excluded from participation in Medicare or Medicaid?

I affirm that the statements and documents provided by me during the application process are true and correct.

Legal Signature of Applicant _____

Return completed form and nonrefundable fee in U.S. funds to Minnesota Board of Nursing

	<div style="text-align: right;"> 2829 University Avenue SE #200 Minneapolis, MN 55414-3253 (612) 317-3000 – Voice (612) 617-2190 – Fax Toll Free (888) 234-2690 (MN, IA, ND, SD, WI) (800) 627-3529 – TTY Email: nursing.board@state.mn.us Website: www.nursingboard.state.mn.us </div>
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CONFIRMATION OF PROGRAM COMPLETION FOR LICENSURE BY EXAMINATION

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine your eligibility and/or qualifications for the license for which you are applying; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements.

Until you are issued a license, all data submitted on the application, except your name and address, are considered private data and will not be released to anyone other than Board of Nursing staff and its agents. When you become licensed, all data submitted on the application become public record. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

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APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
		<input type="checkbox"/> No middle name	
MAIDEN NAME	OTHER LAST NAME(S)	PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Business ()	
STREET ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
E-MAIL ADDRESS		BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
COMPLETION DATE (mm/dd/yyyy)	NAME OF SCHOOL OF NURSING (no initials)	CITY, STATE/PROVINCE OF SCHOOL OF NURSING	

AFFIDAVIT SECTION	
↓ This Section for School Use Only - Applicant: Do Not Write Below This Line ↓	
SCHOOL OFFICIAL: Complete Affidavit Section after the above named applicant has fulfilled all the requirements of the nursing program and is eligible for graduation.	
Is approval of the nursing program required by the Board of Nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Board of Nursing granting program approval _____	PROGRAM TYPE (check one) <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> PRACTICAL/VOCATIONAL NURSE
NAME OF SCHOOL OF NURSING (Complete name of institution)	COMPLETION DATE (mm/dd/yyyy):
STREET ADDRESS	
CITY	STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

The undersigned does hereby affirm that the information provided is true and correct.

Signature of School Official

Title (Dean, Program Director, or Institutional Registrar)

Affix **School Seal or Stamp**